

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on November 19, 2003

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99214 rendered on 8/8/03.

II. RATIONALE

The requestor billed for CPT code 99214 rendered on 8/8/03. The carrier reimbursed the requestor in the amount of \$92.30 and denied the remaining amount according to "F-Fee Guideline MAR reduction". According to the Medicare Fee Schedule x 125% the allowable Reimbursement for CPT code 99214 is \$103.24. Therefore the requestor is entitled to an additional reimbursement in the amount of \$10.94.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code(s) in the amount of **\$10.94**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$10.94** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo